

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90228 006 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000085129 ✓

1. Corporation Name  
*M.E.T. ENVIRONMENTAL & PETROLEUM CONSTRUCTION COMPANY, INC.*

Principal Place of Business: *9271 LAZY LANE TAMPA, FLORIDA 33614*

Mailing Address: *9271 LAZY LANE TAMPA, FL. 33614*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 *9271 LAZY LANE*

22 Suite, Apt. #, etc.

23 *TAMPA, FLORIDA*

24 *33614*

25 *HILLSBOROUGH*

26 *9271 LAZY LANE*

27 Suite, Apt. #, etc.

28 *TAMPA, FLORIDA*

29 *33614*

30 *HILLSBOROUGH*

4. FEI Number: *59-3536468*

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

*WILLIAM J. EATON*  
*1949 AMARWOOD DR.*  
*RIVERVIEW, FL. 33511*

10. Name and Address of New Registered Agent

81 Name: *WILLIAM J. EATON*

82 Street Address (P.O. Box Number is Not Acceptable): *1949 AMARWOOD DR.*

83

84 City: *RIVERVIEW* FL 85 Zip Code: *33511*

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>President/D</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>WILLIAM J. EATON</i>	1.2 NAME	
STREET ADDRESS	<i>1949 AMARWOOD DR.</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>RIVERVIEW, FL 33511</i>	1.4 CITY-ST-ZIP	
TITLE	<i>V.P. JANET MCKEIL</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>JANET MCKEIL</i>	2.2 NAME	
STREET ADDRESS	<i>13602 SOUTH VILLAGE DR. UNIT 209</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>TAMPA, FL. 33602</i>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet McKell* 4-28-99 813-935-5532  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)